

IFW 0665

Attorney Docket No.: 01CON212P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Petranovich, Jim E.SERIAL NO.: 09/912,283 FILED: July 24, 2001FOR: Multi-Mode Adaptive FilterHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

| | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 120.00 | 60.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 450.00 | 225.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 1,020.00 | 510.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,590.00 | 795.00 | \$ |

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|------------------------------|---------------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non- Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 13 | MINUS **20 | * = 0 | x 50 | x 25 | \$ |
| INDEPENDENT | 2 | MINUS ***3 | * = 0 | x 200 | x 100 | \$ |
| First presentation of multiple dependent claim | | | | + 360 | + 180 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

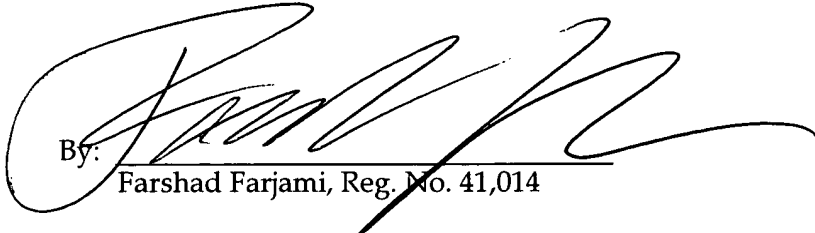
* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 12/29/04

By: 
Farshad Farjami, Reg. No. 41,014

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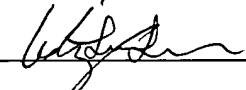
Name of Person Performing Facsimile Transmission

Farshad Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92691
Telephone: (949) 282-1000
Facsimile: (949) 282-1002

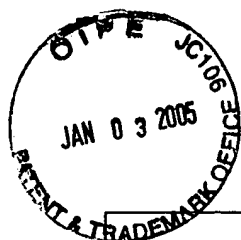
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LESLEY L. LAM
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|---|---------------------------|
| Applicant(s): Jim E. Petranovich | Examiner: Nguyen, Toan D. |
| Serial No.: 09/912,283 | Art Unit: 2665 |
| Filing Date: July 24, 2001 | |
| For: Multi-Mode Adaptive Filter | |

AMENDMENT AND RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Office Action dated December 20, 2004, in the above-referenced patent application. Please enter and consider the following amendments and remarks.